MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

18777

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 West Sixth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 7 West Sixth Street

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) JANE (Last) BARNES
4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 19 49
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) W
8. DATE OF BIRTH: 10-12-82
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ijamsville, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Moses Smith
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mrs. Margaret Barnes Smith (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — 5 minutes

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐ XX

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME INJURY (Month) (Day) (Year) (Hour) Death Sept 30, 1949 5:0 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE P. W. Barr (Degree or title) ADDRESS Deputy Medical Examiner, Frederick, Maryland DATE SIGNED 9-30-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 10-3-49
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 3 Oct 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15A

RECEIVED
OCT 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

8778

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) None
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick City Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale RFD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Fletcher (Middle) T (Last) Beall / Beall

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): ~~MARRIED~~

8. DATE OF BIRTH: Jan. 13, 1890

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Capt. Transit Emo.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mont. Co., Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Beall

14. MOTHER'S MAIDEN NAME: Priscilla Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service) W. W. 1

16. SOCIAL SECURITY NO.: Lost

17. INFORMANT: Pearl L. Beall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: 2 hrs.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) Sept. (Day) 9. (Year) 12. (Hour) 4 99.50 P m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R. W. Barber Deputy Med Ex. ADDRESS: R. W. Barber, Frederick, Md. DATE SIGNED: 9.12.49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE THEREOF: Sept. 15, 1949 | NAME OF CEMETERY OR CREMATORY: Bethesday Cemetery | LOCATION (City, town, or county) (State): Brownsville, Md.

DATE REC'D BY LOCAL REG.: 14 Sept 1949 | REGISTRAR'S SIGNATURE: Elizabeth G. Hedges

24. FUNERAL DIRECTOR: Roy W. Barber | ADDRESS: Boonsboro

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP. 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

68779

Reg. Dist. No. 147

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plane Four
LENGTH OF STAY (In this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plane Four
STREET ADDRESS (If rural, give location) R.D. Mt. Airy

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) R. (Last) Beall
4. DATE OF DEATH (Month) Sept. (Day) 2 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-16-1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Nursery
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Beall
14. MOTHER'S MAIDEN NAME Mary Burdette
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Rose W. Beall, Mt.Airy,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Immediate

94 a Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Cnnditions contributing tn the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Death Sept 2 1949 7 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. W. Baer, Deputy Med. Ex. Frederick, Md. 9.6.49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 9-5-1949
NAME OF CEMETERY ~~OR CREMATORY~~ Marvin Chapel
LOCATION (City, town, or county) Plane Four (State) Maryland
DATE REC'D BY LOCAL REG. Sept. 7, 1949
REGISTRAR'S SIGNATURE Clarice A. Rumbles
24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 9 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(8780)

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 272 Dill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 272 Dill Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MABELLE	J. STRASBERG	BENTZ	September 9 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Female	White	Married	April 17, 1890	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Strasberg
14. MOTHER'S MAIDEN NAME: Catherine Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Edward Bentz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Retropharyngeal cancer	~~Jan 1~~ 9 mos
148 Antecedent cause(s)		
55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Sept 9, 1949, that I last saw the deceased alive on Sept 9, 1949 and that death occurred at 5:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. W Baw. M.D.		Frederick Md	9.10.49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 12, 1949	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12 Sept 1949	Elizabeth G. Hack.	C. E. Cline & Son, Frederick, Maryland

VS. A15

RECEIVED
SEP 13 1949
BUREAU V. S.

Evidence for addition of 18c shown on:

FILM No. G 122 OCT 24 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18781

Reg. Dist. No. 13

1. PLACE OF DEATH · COUNTY: Frederick · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FREDERICK
LENGTH OF STAY (in this piece):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pt. of Rocks
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) Bowins

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: June 6, 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months 3 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B & O Railroad

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pt. of Rocks

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Bowins

14. MOTHER'S MAIDEN NAME: Catherine Kallaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Ella N. Whalen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction	3 days
Antecedent cause(s)		
181 52b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bladder Tumor	2 years
	(c) Cancer of the bladder with metastases. (10/24/49 - A.S.)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 5, 1949, to SEPT. 16, 1949, that I last saw the deceased alive on SEPT. 16, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: Harold Belt (Degree or title): M.D. ADDRESS: FREDERICK Md. DATE SIGNED:

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE: 9/20/1949 | NAME OF CEMETERY OR CREMATORY: Pt. of Rocks Cemetery | LOCATION (City, town, or county) (State): Pt. of Rocks, Md.

DATE REC'D BY LOCAL REG.: 18 Sept 1949 | REGISTRAR'S SIGNATURE: Elizabeth G. Tech | 24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

C8782

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY in this place: Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 474 West South Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 474 West South Street

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) LEE (Last) BRUCHEY

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 1-6-72

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tinner

10b. KIND OF BUSINESS OR INDUSTRY: T. J. Kennedy's

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William D. Bruchey

14. MOTHER'S MAIDEN NAME: Mary Layman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-5840

17. INFORMANT: Mrs. Elizabeth Bruchey (widow)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Coronary Cardiac Renal Vascular Disease — Interval Between Onset and Death: 6 wks

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-49, 19..., to 9-20, 1949, that I last saw the deceased alive on 9-20, 1949, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE: U. G. Bourne Jr (Degree or title) M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 9-21-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9-23-49
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 21-Sept. 49
REGISTRAR'S SIGNATURE: Elizabeth D. Heck

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
SEP 25 1919
U.S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8783

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Since
LENGTH OF STAY (In this place): 8/15/49 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Cumberland
STREET ADDRESS (If rural, give location): Route # 1, Box 394 ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Burkey

4. DATE OF DEATH: (Month) Sept. (Day) 12, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 30, 1882

9. AGE last birthday: 66 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Augustine Burkey

14. MOTHER'S MAIDEN NAME: Rose Ann Mattingley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-20-6370

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	Unknown
241 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13 b	(b) Bronchial Asthma	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 11 Mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15 1949, to Sept. 12 1949, that I last saw the deceased alive on Sept. 12, 1949, and that death occurred at 1:10 Am., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D.

ADDRESS: State Sanatorium, Md.

DATE SIGNED: 9/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 9/15/49

NAME OF CEMETERY OR CREMATORY: St. Patricks Cemetery

LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: 9/12/49

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Md.

RECEIVED
SEP 15 1949
BUREAU V. S.

Evidence for change in year of birth shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08784

CERTIFICATE OF DEATH

FILM No. G 122 OCT 31 1949

Reg. Dist. No. 137

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Libertytown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Libertytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) May (Middle) C. (Last) Carson

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-1-19[illegible]

9. AGE last birthday: 48 yrs. If under 1 year: Months 11, Days 8. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Chick

14. MOTHER'S MAIDEN NAME: Rosie Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Wilbur Carson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Cerebral Vascular accident (Hemorrhage)

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V.D.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Sept 8, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 5 20 A m., from the causes and on the date stated above.

SIGNATURE: Merritt E. Robertson (Degree or title) M.D. ADDRESS: New Windsor, Md. DATE SIGNED: 9/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept 10-49 | NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem | LOCATION (City, town, or county): Frederick (State): Md

DATE REC'D BY LOCAL REG.: Sept 10, 49 | REGISTRAR'S SIGNATURE: Carl D. Eufinger

24. FUNERAL DIRECTOR: W. E. Falconer ADDRESS: New Market Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08785

Reg. Dist. No. 1 38

1. PLACE OF DEATH — COUNTY: ~~Montgomery~~ Frederick County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg, MD. — LENGTH OF STAY (in this place): 27 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: No

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg, MD.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Abner (Last) Chick

4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Augt 8.1885

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labore

10b. KIND OF BUSINESS OR INDUSTRY: Lofstrand CO

11. BIRTHPLACE (State or foreign country): Lowden CO. VA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Chick

14. MOTHER'S MAIDEN NAME: Rosa May Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-14-1351

17. INFORMANT: Bertha May Chick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlucion — 1 hour

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1949, to Sept 27, 1949, that I last saw the deceased alive on Sept 27, 1949, and that death occurred at 7.30 P m., from the causes and on the date stated above. 9/28/49

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Ernest P. Roop, M.D. — New Market, Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept. 30 1949 | NAME OF CEMETERY OR CREMATORY: Clarksburg, MD | LOCATION (City, town, or county) (State): Montgomery MD

DATE REC'D BY LOCAL REG. Sept. 29, 1949 | REGISTRAR'S SIGNATURE: Raymond F. Day

24. FUNERAL DIRECTOR | ADDRESS: Roy W. Barber Laytonsville, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT. 8 1949
BUREAU V. S.

08786

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 31 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 533 West Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS 533 West Potomac St. (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) H. (Last) Collier
4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 1949
6. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12-4-1861
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B&O.R.R.Eingineer
10b. KIND OF BUSINESS OR INDUSTRY Transportation
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frederick Collier
14. MOTHER'S MAIDEN NAME Elizabeth Gwilliams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs.Ellen E.Jennings

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Carcinoma - rectum — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Sept. 24, 1949, that I last saw the deceased alive on Sept 24, 1949, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Brunswick Md. DATE SIGNED 9-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9-27-1949
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) Brunswick (State) Maryland
DATE REC'D BY LOCAL REG. Sept 26, 1949
REGISTRAR'S SIGNATURE Kathryn H. Brown Dep.
24. FUNERAL DIRECTOR C.H.Feete&Bro ADDRESS Brunswick,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08787

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Utica
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DARLENE (Middle) ELIZABETH (Last) CRUTCHLEY
4. DATE OF DEATH (Month) (Day) (Year) September 16 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept.21, 1948
9. AGE last birthday yrs. If under 1 year Months. 11 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edgar Crutchley
14. MOTHER'S MAIDEN NAME Margaret E. Lambert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Edgar Crutchley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

492 Immediate cause (a) Virus Infection (Pneumonia)

Antecedent cause(s)

109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exhaustion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1949, to Sept 16, 1949, that I last saw the deceased alive on Sept 16, 1949, and that death occurred at 10 oz m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H Laurence Fahrney MD. Frederick Md 9-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept.19,1949
NAME OF CEMETERY OR CREMATORY Utica Cemetery
LOCATION (City, town, or county) (State) Utica, Maryland

DATE REC'D BY LOCAL REG. 19-Sept. 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

18788

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 North Bentz Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 5 North Bentz Street

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) HIGH (Last) DEITER
4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 19 49

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): W
8. DATE OF BIRTH: 7-31-64
9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Augustus Fraley
14. MOTHER'S MAIDEN NAME: Adeline Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Charles W. Stup (niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Degenerative Cardio-Vascular Disease — 1 yr.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 49, to Sept. 3, 19 49, that I last saw the deceased alive on Sept. 3, 19 49, and that death occurred at 12:40P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Arthur F. Woodward M. D. Frederick, Maryland 9-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9-6-49
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 6 Sept 1949
REGISTRAR'S SIGNATURE: Elizabeth G. Hack.
24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison and Son, Frederick, Maryland

RECEIVED
SEP 7 1949
BUREAU V. S.

08789

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick, Md
LENGTH OF STAY (in this place) 9-6-49 - 9-7-49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) W. (Last) Devilbiss

4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married
8. DATE OF BIRTH 6-1-1885
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME G. R. Devilbiss
14. MOTHER'S MAIDEN NAME Margaret Penwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) Mexican
16. SOCIAL SECURITY NO. 213-18-0681
17. INFORMANT Ethel V Devilbiss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.5 Immediate cause (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH 5 days

Antecedent cause(s)

122b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1949, to Sept 7, 1949, that I last saw the deceased alive on Sep 7, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS E P Thomas DATE SIGNED Sept 7-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE Sept 10-49
NAME OF CEMETERY OR CREMATORY Lewistown Cem
LOCATION (City, town, or county) Lewistown (State) Md

DATE REC'D BY LOCAL REG. 7 Sept 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. L. Creager Son ADDRESS Thurmont Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08799

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown | LENGTH OF STAY (In this place) 61 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frd'k.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Isaih (Last) Dorsey
4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 10, 88
9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Dorsey
14. MOTHER'S MAIDEN NAME: Mallie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) June 19-1918 to June 28-1919
16. SOCIAL SECURITY NO. 217-14-2662
17. INFORMANT: Nettie Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 8 hrs.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Complications

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13-, 1949, to 9-21, 1949, that I last saw the deceased alive on 9-20-, 1949, and that death occurred at 1.13- A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ira W. Beall, Libertytown Md. 9-22-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 25, 1949 | NAME OF CEMETERY OR CREMATORY John Wesley | LOCATION (City, town, or county) Libertytown | (State) Md

DATE REC'D BY LOCAL REG. Sept 22 49 | REGISTRAR'S SIGNATURE Ira W. Beall | 24. FUNERAL DIRECTOR Powell & Hartzler | ADDRESS Woodsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

68791

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville; LENGTH OF STAY (In this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Fred.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Myersville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Elvin (Last) Doub

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 21, 1897

9. AGE last birthday: 52 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Doub

14. MOTHER'S MAIDEN NAME: Annie Kepler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. J. Elvin Doub

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Immediate

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF ~~OPERATION~~ Death - 9.17.49

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Myersville R.F.D. (COUNTY) Frederick (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R. W. Boer, Deputy Med. Ex. ADDRESS Frederick, Md DATE SIGNED 9.17.49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Sept 19 1949; NAME OF CEMETERY OR CREMATORY United Brethren; LOCATION (City, town, or county) Myersville (State) Md

DATE REC'D BY LOCAL REG. 9/18/49; REGISTRAR'S SIGNATURE D Edgar Zittle

24. FUNERAL DIRECTOR ADDRESS Saul F. Zittle, Myersville, Md.

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08792

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick Co. — Frederick Memorial Hospital — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place) 5 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Urbana Bridge R. Maryland — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Luther (Last) Fogle

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Nov. 11, 1865

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Labor

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mathias Fogle

14. MOTHER'S MAIDEN NAME: Christiane Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Orville M. Kiffy, Johnsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196 **Immediate cause** (a) Carcinoma of the prostate — Interval between onset and death: 6 mos.

51b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Sarcoma of the right hand — 2 years.

(c) Cardiac Asthma — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26, 1949, to 9/30, 1949, that I last saw the deceased alive on 9/30, 1949, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Norvell Belt M. D. — ADDRESS: 228 N. Market St. — DATE SIGNED: 9/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 3, 1949 — NAME OF CEMETERY OR CREMATORY: Rocky Hill — LOCATION (City, town, or county) (State): near Woodsboro Md.

DATE REC'D BY LOCAL REG.: Oct 3, 1949 — REGISTRAR'S SIGNATURE: Elizabeth J. Heck

24. FUNERAL DIRECTOR: Powell & Hartzler — ADDRESS: Woodsboro Md.

VS. A15

RECEIVED
OCT 6 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

68793

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 3 North Court Street

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) HAMILTON (Last) FUNK
4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) M
8. DATE OF BIRTH: 2-9-84
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Urbana, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Funk
14. MOTHER'S MAIDEN NAME: Anne E. Roelke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 192-05-5773
17. INFORMANT: Mrs. Jane Funk (widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary insufficiency	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio. Sclerotic. Cardio-vascular Dis.	2 years
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Aug, 1949, to 30 Sept, 1949, that I last saw the deceased alive on 29 Sept, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles H. Conley, Jr. M. D. Frederick, Maryland 9-30-49

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
DATE THEREOF: 10-2-49
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG. 1 Oct. 1949
REGISTRAR'S SIGNATURE: Elizabeth B. Heck.
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland ADDRESS

RECEIVED
OCT 4 1919
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08794

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Knoxville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Knoxville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Nightengale (Last) Giles

4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: About 1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Staunton Virginia.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Elizabeth Giles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral hemorrhage — 1 day

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Sept 7, 1949 that I last saw the deceased alive on Sept 7, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE C. H. Trent (Degree or title) MD ADDRESS Brunswick Md DATE SIGNED 9-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE Sept 10 1949 | NAME OF CEMETERY OR CREMATORY: Mountain Cemetery | LOCATION (City, town, or county) (State): Knoxville Maryland

DATE REC'D BY LOCAL REG.: Sept. 9-1949 | REGISTRAR'S SIGNATURE: Kathryn N. Brown Dep.

24. FUNERAL DIRECTOR: C. H. Trent & Bro | ADDRESS: Brunswick, Md.

VS: A15

RECEIVED
SEP 13 1949
BUREAU V. S.

08795

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) Since 12/20/48 to present	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium	STREET ADDRESS (If rural, give location) 108 Melvin Ave.

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) Joseph	(Last) Gleason	4. DATE OF DEATH	(Month) Sept. (Day) 10, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1881	9. AGE last birthday 67 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, former orderly	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Jersey	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME James Patrick Gleason		14. MOTHER'S MAIDEN NAME Sarah Catherine Friel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Patient			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	21 Mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	6 Yrs.

002

13b

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1948, to Sept. 10, 1949, that I last saw the deceased alive on Sept. 10, 1949, and that death occurred at 4:50 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
I. D. Lyon	M.D.	State Sanatorium, Maryland	9/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Sept. 13, 1949	NAME OF CEMETERY OR CREMATORY London Park Cem.	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 9/10/49	REGISTRAR'S SIGNATURE I. D. Lyon	24. FUNERAL DIRECTOR Wm. Cook, St Paul & Preston Sts.	ADDRESS Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08796

CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Gouker

4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 21, 1860

9. AGE last birthday: 89 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Fred. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Franer

14. MOTHER'S MAIDEN NAME: Elizabeth Powles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs E. I. Harp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 mo

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio-Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 15, 1949, to Sept 9, 1949, that I last saw the deceased alive on Sept 6, 1949, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE J E Harp (Degree or title) ADDRESS Middletown DATE SIGNED Sept 10 '49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/10/49

NAME OF CEMETERY OR CREMATORY: Grossnickles

LOCATION (City, town, or county) (State): Myersville Fred. Md

DATE REC'D BY LOCAL REG. 9-11-49

REGISTRAR'S SIGNATURE Edgar Bittle

24. FUNERAL DIRECTOR: Paul D. Bittle ADDRESS: Myersville Md.

RECEIVED
SEP 14 1949
BUREAU V. S.

Evidence for change of age shown on:

08797

FILM No. G 122 OCT 17 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jfamsville | LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jfamsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MAY (Middle) ETTA (Last) GRUBBS

4. DATE OF DEATH: (Month) 9— (Day) 14 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married. | 8. DATE OF BIRTH: 1—14—1869 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John R. Barnes | 14. MOTHER'S MAIDEN NAME: Amanda Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: W. Emery Grubbs. Son Jfamsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days

331 Antecedent cause(s)

63a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteria sclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1949 to Sept 14, 1949, that I last saw the deceased alive on Sept 13, 1949, and that death occurred at 6 P.M., from the causes and on the date stated above. 9/15/49

SIGNATURE (Degree or title) Ernest P. Roop M.D. ADDRESS New Market Md. DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE: 9-16-49 | NAME OF CEMETERY OR CREMATORY: Kemp Town Cemetary | LOCATION (City, town, or county): Kemptown (State): Md.

DATE REC'D BY LOCAL REG. 9—15—49 | REGISTRAR'S SIGNATURE: Lucian K Falconer | 24. FUNERAL DIRECTOR: W E Falconer | ADDRESS: New Market Md.

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08798

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville Nr. Woodsboro
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville Nr. Woodsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) J. (Last) GRUBER

4. DATE OF DEATH (Month) SEPT. (Day) 10 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept. 14, 1883

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joshua Gruber

14. MOTHER'S MAIDEN NAME Lillian Engle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Frank Gruber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis. INTERVAL BETWEEN ONSET AND DEATH 2 years

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948 to Sept 10 1949, that I last saw the deceased alive on Sept 10, 1949, and that death occurred at 10.30a m., from the causes and on the date stated above.

SIGNATURE J. H. Mussler (Degree or title) M. D. ADDRESS Johnsville, Md. DATE SIGNED Sept. 10 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 13, 1949

NAME OF CEMETERY OR CREMATORY Rocky Hill Cemetery

LOCATION (City, town, or county) Nr. Woodsboro (State) Md.

DATE REC'D BY LOCAL REG. Sept 12 49

REGISTRAR'S SIGNATURE Ra D Aufman

24. FUNERAL DIRECTOR G. C. Barton ADDRESS Walkersville, Md.

RECEIVED
SEP 20 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08799

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant View
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Pleasant View~~ MARYLAND COUNTY Frederik
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Doubs, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) (Last) HIGGINS
4. DATE OF DEATH (Month) Sept. (Day) 15, (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH June 28, 1877
9. AGE last birthday 72 yrs. If under 1 year Months 2 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nr. Point of Rocks
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lewis Higgins
14. MOTHER'S MAIDEN NAME Annie Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Florence A. Higgins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

414 Immediate cause (a) Rheumatism – Endocarditis

92c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exposure

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1949, to 9/15/, 1949, that I last saw the deceased alive on 9/15/, 1949, and that death occurred at 2.10 P.M., from the causes and on the date stated above.

SIGNATURE Dr. V. G. Bourne, Sr. (Degree or title) ADDRESS Frederick DATE SIGNED Md.

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 9/19/1949
NAME OF CEMETERY OR CREMATORY Pt. of Rocks Cemetery
LOCATION (City, town, or county) (State) Pt. of Rocks, Md.

DATE REC'D BY LOCAL REG. 18 Sept 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son ADDRESS Frederick, Md.

RECEIVED
SEP 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18800

Reg. Dist. No. 132

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
MARYLAND
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Edward (Last) Holter

4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 7-23-1873

9. AGE last birthday 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Middletown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Holter

14. MOTHER'S MAIDEN NAME Elizabeth J. Cobblentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. Annie B Holter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastic Carcinoma — Interval Between Onset and Death: 4 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Prostate — 8 mo

177
51b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis - Arteriosclerosis

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1949, to Sept 20, 1949, that I last saw the deceased alive on 9/16, 1949, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE C. I. Price (Degree or title) ADDRESS Jefferson Md DATE SIGNED 9/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9-23-49 — NAME OF CEMETERY OR CREMATORY Reformed Cemetery — LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REG. 9-23-49 — REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR Gladhill Co. — ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08801

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: COUNTY Frederick Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) M. (Last) Hopkins
4. DATE OF DEATH (Month) Sept (Day) 22 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept 8-1870
9. AGE last birthday 79 yrs. If under 1 year Months Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Market Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard H. Hopkins
14. MOTHER'S MAIDEN NAME Margaret Downey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Miss Margaret Hopkins (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 Days

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 22, 1949, that I last saw the deceased alive on Sept 21, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Fischer ADDRESS Frederick Md DATE SIGNED 9-22-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 9-24-1949
NAME OF CEMETERY OR CREMATORY Central Cemetery
LOCATION (City, town, or county) New London (State) Md

DATE REC'D BY LOCAL REG. Sept 22 49
REGISTRAR'S SIGNATURE Lucian K Falconer
24. FUNERAL DIRECTOR W. E. Falconer ADDRESS New Market Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 8 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08802

CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; MARYLAND; LENGTH OF STAY (in this place) 46 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 West "B" St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Fred.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; STREET ADDRESS (If rural give location) 501 West "B" St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Catherine	Howe	9 -	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White		3-5-1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Melhorn	Emma Fellows

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Mr A M. Howe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 14 yrs

450.0

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Sept 19, 1935, to Sept 19, 1949, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE M.D. (Degree or title) ADDRESS Brunswick Md DATE SIGNED 9/20/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	9-21-1949	Massanutten	Woodstock	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 20-49	Kathryn H. Brown Dep.	C. H. Fretz and Bro	Brunswick Md

RECEIVED
SEP 23 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C8803

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY Frederick · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural · LENGTH OF STAY (in this place) 1 Month	~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital	STREET ADDRESS (If rural, give location) Braddock

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FLORA	VIRGINIA	JACKSON	9	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	M	4-23-60	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Frederick County Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Gonso	Charlotte Kolb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mrs. Clarence M. Phleeger (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Broncho-pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

491
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Sept. 5, 1949, that I last saw the deceased alive on Sept 5, 1949, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bernard Thomas Jr.	M. D.	Frederick, Maryland	9-7-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-8-49	Rocky Spring Cemetery	Nr. Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7 Sept 1949	Elizabeth G. Hecla	M. R. Etchison & Son, Frederick,	Maryland

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18804

Reg. Dist. No. 138

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Central
LENGTH OF STAY (In this place): 49 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Central
STREET ADDRESS (If rural give location): R.D. Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) BURGESS (Last) JONES

4. DATE OF DEATH: (Month) Sept. (Day) 7, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-16-1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James G. Jones

14. MOTHER'S MAIDEN NAME: Sarah V. Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Anna Belle Jones, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
422.1	Immediate cause	(a) Chronic myocardosis	8 months
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	10 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1949, to Sept 7, 1949, that I last saw the deceased alive on Sept 4, 1949, and that death occurred at 8:30A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ernest P. Roop M.D. ADDRESS: New Market, Md. DATE SIGNED: 9-7-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 9- 9-1949 — NAME OF CEMETERY OR CREMATORY: Central — LOCATION (City, town, or county) (State): Central Fred. Co. Md.

DATE REC'D BY LOCAL REG.: Sept. 8-49 — REGISTRAR'S SIGNATURE: Lucian K. Falconer

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

18805

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
LENGTH OF STAY (In this place): Ida.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Burkettsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	RAYMOND	JONES	09	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	B	Married	7-15-94	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fire Knocker	B.&.O.R.R.	Burkettsville	U.S.Aa

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Jones	Jeannie Brawner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes War I	217-10-9742	Mrs. Grace Elizabeth Jones

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Immediate

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF ~~INJURY~~ Death Bro Yards. | (CITY OR TOWN) Brunswick, (COUNTY) Frederick, (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. W. Baer DR. R. W. BAER DEPUTY MEDICAL EXAMINER Frederick, Md. 9.28.49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-1-49	Mountain Cemetary	Burkettsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 29, 1949	Kathryn H. Brown Dep	C.H.Feete & Bro	Brunswick, Md.

RECEIVED
OCT 3 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18806

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Mt. Pleasant
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Nr. Mt. Pleasant, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) DORSEY (Middle) RINER (Last) LEASE

4. DATE OF DEATH: (Month) Sept. (Day) 11, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Nov. 20, 1868

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): McKaig-Frederick G

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Lease

14. MOTHER'S MAIDEN NAME: Martha McAlister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Minnie M. Pittinger Lease

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, Squamous cell, lip — 9 months

140 / 45a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1949, to 11 Sept, 1949, that I last saw the deceased alive on 10 Sep, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: James E. Stoner Jr. (Degree or title) MD ADDRESS: Walkersville Md DATE SIGNED: 12 Sep 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE THEREOF: Sept. 14, 1949

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG. 13 Sept 1949

REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Md. ADDRESS

RECEIVED
SEP 15 1949
BUREAU V. S.

08807

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#4
STREET ADDRESS Sunnyside (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) DEWIGHT (Middle) VONDELL (Last) LEE

4. DATE OF DEATH (Month) 9 (Day) 25 (Year) 1949

5. SEX M

6. COLOR OR RACE C

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) S

8. DATE OF BIRTH 9-9-49

9. AGE last birthday yrs. If under 1 year Months Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME B. Herbert

14. MOTHER'S MAIDEN NAME Dorothy Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Dorothy Lee (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

763.0 Immediate cause (a) Bronchopneumonia — 2 days

107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1949, to 9-25, 1949, that I last saw the deceased alive on 9-24, 1949, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE U. G. Bourne Jr (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9-26-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial

DATE THEREOF 9-27-49

NAME OF CEMETERY OR CREMATORY Colored Cemetery

LOCATION (City, town, or county) (State) Point of Rocks, Maryland

DATE REC'D BY LOCAL REG. 26 Sept 1949

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 27 1949
BUREAU Y. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08808

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#2
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Urbana

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#2
STREET ADDRESS (If rural give location) Near Urbana

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) GENE (Last) LENHART

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH: 1-14-49

9. AGE last birthday: 8 Months yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Near Urbana, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry C. Lenhart

14. MOTHER'S MAIDEN NAME: Edna May Waltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Harry C. Lenhart (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastro-enteritis (Non-specific) — Interval between onset and death: 6 days

571.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

119a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Birth, 19....., to Sept 21, 1949, that I last saw the deceased alive on Sept 21, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE Howard W. Eck (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9-23-49 | NAME OF CEMETERY OR CREMATORY Frederick Memorial Park | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 21-Sept. 49 | REGISTRAR'S SIGNATURE Elizabeth D. Zeck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, ADDRESS Maryland

RECEIVED
BUREAU V. S.

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

188

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookdale Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Luther (Middle) Daniel (Last) Lenhart
4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: July 16, 1872
9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Henry Lenhart
14. MOTHER'S MAIDEN NAME: Juliah Staley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sterling L. Lenhart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
331	Immediate cause	(a) Cerebral hemorrhage lenticulostriate artery	4 days
95C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	15 years
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation — 5 days

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec, 1947, to 7 Sep, 1949, that I last saw the deceased alive on 7 Sep, 1949, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James E. Stoner Jr. MD — Walkersville Md — 8 September 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 10. 1949
NAME OF CEMETERY OR CREMATORY: Utica Cemetery
LOCATION (City, town, or county): Utica (State): Md

DATE REC'D BY LOCAL REG.: 10 Sept 1949
REGISTRAR'S SIGNATURE: Elizabeth S. Heck.
24. FUNERAL DIRECTOR: M. L. Crager & Son. ADDRESS: Thurmont. Md

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SEP 19 1949
BUREAU V. S.

08810

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Springs
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Springs - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) NETTIE (Middle) LOUISE (Last) MAIN

4. DATE OF DEATH (Month) Sept. (Day) 11, (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH August 11, 1873

9. AGE last birthday 76 yrs. If under 1 year Months 1 Days 0 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Boonsboro, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Jermiah Jones

14. MOTHER'S MAIDEN NAME Ellen Kauffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs. Irving Lortz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949 to Sept 11, 1949, that I last saw the deceased alive on Sept 10, 1949 and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Frederick Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 14, 1949

NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery

LOCATION (City, town, or county) (State) Nr. Frederick, Md.

DATE REC'D BY LOCAL REG. 13 Sept 1949

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC 08811

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium — LENGTH OF STAY (in this place) 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital	STREET ADDRESS (If rural, give location) 1617 Webster St.

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) J.	(Last) McMahon	4. DATE OF DEATH	(Month) Sept. (Day) 14 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8/2/1885	9. AGE last birthday 64 yrs.	If under 1 year Months 1 Days 12 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME William McMahon		14. MOTHER'S MAIDEN NAME Mamie O'Brien			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. 214-01-4153	17. INFORMANT Wife			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 6 Months

002

Antecedent cause(s)

13 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1949, to Sept. 14, 1949, that I last saw the deceased alive on Sept. 14, 1949, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS State Sanatorium, Md. DATE SIGNED 9/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Sept. 14, 1949	NAME OF CEMETERY OR CREMATORY Holy Cross	LOCATION (City, town, or county) (State) A.A. Co.
DATE REC'D BY LOCAL REG. 9/15/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR C. Creager & Son A. HOWARD EVANS, 1400 S. Chas St Balto Md.	ADDRESS Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08812

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Burkittsville | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Frederick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Diane	Marie	Mentzer	9	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white		3-6-47	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
no		Burkittsville, Md.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Melvin A. Mentzer	Mildred E. Best

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Melvin A. Mentzer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
812.5 Immediate cause	(a) FRACTURE 3rd CERVICAL VERTEBRA	1/2 hour
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	FRACTURE RT. FEMOR	1/2 hour

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY STREET	(CITY OR TOWN)	(COUNTY)	(STATE)
		BURCKITTSVILLE,	FREDERICK	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
SEPT. 7 1949 m.		STRUCK BY AUTO

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H Conley J. M.D.	Asst. Dep. Med. Exam.	Frederick, Maryland	9/7/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-10-49	Locust Valley Cemetery	Middletown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-7-49	Marie Gladhill	Gladhill Co.,	Middletown, Md.

VS. A15A

RECEIVED
SEP 20 1949
BUREAU V. S.

08813

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 9/8/49 9/9/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Pittsburgh
STREET ADDRESS (If rural, give location) 113 Parkhurst St

3. NAME OF DECEASED (Type or Print) (First) George (Middle) R (Last) Meyer
4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 10/2/20
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Contractor
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Meyer
14. MOTHER'S MAIDEN NAME Margaret Wendell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Daniel Meyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.5 Immediate cause (a) Fracture of Skull — 1 day

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Injuries

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumo Thorax

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Bridge near Brunswick, Frederick Md (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 8 1949 1:00 pm.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell to highway while painting bridge

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE P. W. Bau (Degree or title) Deputy Med Ex ADDRESS Frederick Md DATE SIGNED 9.9.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/12/49
NAME OF CEMETERY OR CREMATORY United Cem. of West View
LOCATION (City, town, or county) Pittsburgh (State) Pa
DATE REC'D BY LOCAL REG. 9 Sept 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Harry E. Carty ADDRESS Co Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 13 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

P8814

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville | LENGTH OF STAY (In this place) 75 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Warner (Last) Nunberger

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 10-22-1855 | 9. AGE last birthday: 93 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): West Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Warner | 14. MOTHER'S MAIDEN NAME: Susan Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. Mary N. Rose

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arteriosclerotic heart disease with congestive failure — 420.0

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 93d

(b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: malnutrition

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1949, to 21 Sep DKS, 1949, that I last saw the deceased alive on 13 Sep, 1949, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE: Donald K McElyea | (Degree or title): MD | ADDRESS: Bolivar, W.Va | DATE SIGNED: 23 Sep 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 9-24-1949 | NAME OF CEMETERY OR CREMATORY: St. Marys | LOCATION (City, town, or county): Petersville | (State): Md.

DATE REC'D BY LOCAL REG. Sept. 23-49 | REGISTRAR'S SIGNATURE: Kathryn N. Brown | 24. FUNERAL DIRECTOR: C. N. Feete & Bro | ADDRESS: Brunswick

Dept.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18815

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
   LENGTH OF STAY (In this place) Lifetime
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) VINCENT (Middle) RICHARD (Last) O'TOOLE

4. DATE OF DEATH: (Month) Sept. (Day) 24, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 5, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard O'Toole

14. MOTHER'S MAIDEN NAME: Annie McSherry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Monroe O'Toole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 Immediate cause	(a) Pulmonary edema	1 hr.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	5 days
	(c) Chronic myocarditis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension; arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1949, to Sept. 24, 1949, that I last saw the deceased alive on Sept. 24, 1949, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Franklin Birely M.D. ADDRESS Thurmont Md. DATE SIGNED 9/26/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Sept. 28/49 | NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery | LOCATION (City, town, or county) Thurmont; (State) Md.

DATE REC'D BY LOCAL REG. Sept. 26, 1949 | REGISTRAR'S SIGNATURE Blanche L. Eyler | 24. FUNERAL DIRECTOR B. L. Creager & Son. ADDRESS Thurmont; Md.

RECEIVED
SEP 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

68816

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MARYLAND
LENGTH OF STAY (in this place): Since 6/6/49 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 923 South Belnord Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Poniatowski

4. DATE OF DEATH: (Month) Sept. (Day) 13, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 8, 1894

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ignacius Poniatowski

14. MOTHER'S MAIDEN NAME: Josephine Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 217-03-6878

17. INFORMANT: Mrs. Frederick James, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	7 Mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 19 49, to Sept. 13 19 49, that I last saw the deceased alive on Sept. 13, 19 49, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: State Sanatorium, Md. DATE SIGNED: 9/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 9/16/49
NAME OF CEMETERY OR CREMATORY: St. Stanislaus
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/13/49
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Mr. M. L. Creager, Thurmont, Md. ADDRESS:

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08817

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) 48 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson - Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Mae (Last) Poole

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct 9-1937

9. AGE last birthday: 11 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Poole

14. MOTHER'S MAIDEN NAME: Mary Virginia Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr Frank Poole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Collapse

550.1 Antecedent cause(s)

121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen Peritonitis - Acute appendicitis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 48 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 19

19b. MAJOR FINDINGS OF OPERATION: Gen Peritonitis - Ruptured appendix

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1949, to Sept 20, 1949, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) ADDRESS DATE SIGNED Sept 20 - 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Sept 22-49

NAME OF CEMETERY OR CREMATORY: Monocacy

LOCATION (City, town, or county) (State): Beallsville Md

DATE REC'D BY LOCAL REG.: 21 - Sept, 1949

REGISTRAR'S SIGNATURE: Elizabeth E. Nick

24. FUNERAL DIRECTOR ADDRESS: William B. Hilton, Barnesville Md

RECEIVED
SEP 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#8818

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Thurmont-Rural RD#1
STREET ADDRESS (If rural give location) Utica

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) LOUISE (Last) RAMSBURG
4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) M
8. DATE OF BIRTH 5-6-99
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ijamsville, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Vernon W. Nicodemus
14. MOTHER'S MAIDEN NAME Emma Shawbaker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Merhl H. Ramsburg (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinoma of transverse Colon, inoperable — Interval between onset and death: ?

462 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Secondary anemia, severe

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sep 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma of transverse colon, inoperable
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to 9/22, 1949, that I last saw the deceased alive on 9/22, 1949, and that death occurred at 7:40P m., from the causes and on the date stated above.

SIGNATURE Henry V. Chase (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-25-49
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 24- Sept. 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heak.
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08819

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Frederick · STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rosemont (Emmitsburg) · LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS North of Brunswick

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rosemont (Brunswick)
STREET ADDRESS (If rural give location) North of Brunswick

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Rudolph (Last) Rae

4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 8-22-1892 | 9. AGE last birthday 57 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | 10b. KIND OF BUSINESS OR INDUSTRY Plumbing & Appliance | 11. BIRTHPLACE (State or foreign country) West Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William A. Rae | 14. MOTHER'S MAIDEN NAME Mary Agnes Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 217-09-5371 | 17. INFORMANT Mrs. Mary King Rae.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 1 hr.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19, 1949 to 9-22, 1949, that I last saw the deceased alive on 9-22, 1949, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Brunswick, Md DATE SIGNED 9-22-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 9-24-1949 | NAME OF CEMETERY OR CREMATORY Frederick Memorial Park | LOCATION (City, town, or county) Frederick (State) Md.

DATE REC'D BY LOCAL REG. Sept. 23-49 | REGISTRAR'S SIGNATURE Kathryn N. Brown Dep. | 24. FUNERAL DIRECTOR C. A. Fiete & Bro | ADDRESS Brunswick Md.

VS. A15

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08820

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Ronald (Middle) E. (Last) Rippeon

4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 8-30-1948

9. AGE last birthday: 0 X yrs. If under 1 year: Months 11, Days 26, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Huston R. Rippeon

14. MOTHER'S MAIDEN NAME: Mary Louise Barth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Gastro-enteritis with severe dehydration and acidosis	3 Days
571.0 Antecedent cause(s)		
1190 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho-pneumonia, early, rt. lung	1 Day
	(c) Marked secondary anemia	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —; (CITY OR TOWN): —; (COUNTY): —; (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1949 to Sept 26, 1949 that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry V. Chase M.D. ADDRESS: 7 E Church St. DATE SIGNED: 9/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 9-28-1949; NAME OF CEMETERY OR CREMATORY: Poplar Springs; LOCATION (City, town, or county) (State): Howard Co, Md.

DATE REC'D BY LOCAL REG. 29 Sept 1949; REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR: C. M. Waltz; ADDRESS: Sykesville, Md.

RECEIVED
SEP 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08821

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
LENGTH OF STAY (in this place) 49 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural give location) E. Main Street

3. NAME OF DECEASED (Type or Print) (First) EVELYN (Middle) Ruth (Last) ROUTZAHN

4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug 3, 1900
9. AGE last birthday 49 yrs. If under 1 year Months 1 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Middletown Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Lewis Routzahn
14. MOTHER'S MAIDEN NAME ~~Lucy~~ Lucie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Robert H Routzahn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
180	Immediate cause	(a) Metastatic Hypernephroma	2 mo
52a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypernephroma	1 yr
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct/48
19b. MAJOR FINDINGS OF OPERATION Hypernephroma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Sept 7, 1949, that I last saw the deceased alive on Sept 7, 1949, and that death occurred at 12 45 p.m., from the causes and on the date stated above.

SIGNATURE A. Talbott Brice MD (Degree or title) ADDRESS Jefferson Md DATE SIGNED 9/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 9, 1949
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Middletown (State) Md

DATE REC'D BY LOCAL REG. Sept 7, 49
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR W. A. Feiser Hanover Pa
ADDRESS 205 Carlisle Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 13 1949
BUREAU V. S.

08822

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Fred'k.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) W. S. (Last) Sappington
4. DATE OF DEATH (Month) 9 (Day) 25 (Year) 1949
5. SEX White
6. COLOR OR RACE Male
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Land Owner
10b. KIND OF BUSINESS OR INDUSTRY Landowner
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S. of A.
13. FATHER'S NAME Sidney Sappington
14. MOTHER'S MAIDEN NAME Margaret Wagner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None.
17. INFORMANT Lyman Sappington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hem.	48 hrs.
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
830	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1944, to Sept. 25, 1949, that I last saw the deceased alive on 9/23/, 1949, and that death occurred at 2. A.m., from the causes and on the date stated above.

SIGNATURE Ora W. Beall (Degree or title) M.D. ADDRESS Libertytown DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 27 1949
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) Libertytown (State) Md
DATE REC'D BY LOCAL REG. 26 Sept 1949
REGISTRAR'S SIGNATURE Ora D. Cushman
24. FUNERAL DIRECTOR J. Fourry E. Carty Co ADDRESS Frederick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
OCT 10 1949
BUREAU V. S.

Wm Confrance

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

018823

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick, Maryland
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Thurmont, Md. RFD 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) [redacted] (Middle) James Arthur (Last) Schaffer

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single

8. DATE OF BIRTH Jan. 17. 1895

9. AGE last birthday 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Mr. James C. Schaffer

14. MOTHER'S MAIDEN NAME Mary Hemler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. Martin Kaas, New Market, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary thrombosis — Interval between onset and death: 2 days

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1949, to Sept 11, 1949, that I last saw the deceased alive on Sept 11, 1949, and that death occurred at 1:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. A. Pearre M.D. Frederick Md. 9/13/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE 9-14-1949 | NAME OF CEMETERY OR CREMATORY St Anthony Cem | LOCATION (City, town, or county) St Anthony. (State) Md

DATE REC'D BY LOCAL REG. 13 Sept 1949 | REGISTRAR'S SIGNATURE Elizabeth G. Hecke

24. FUNERAL DIRECTOR M.L. Creager & Son ADDRESS Thurmont, MD

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 15 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

018824

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 218 East Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 218 East Church Street

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) ANN (Last) SMITH

4. DATE OF DEATH: (Month) September (Day) 16th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed

8. DATE OF BIRTH: Sept. 9, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James White

14. MOTHER'S MAIDEN NAME: Mary Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT: Mrs. Charles Hoffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 **Immediate cause** (a) Cerebral Hemorrhage — Interval between onset and death: 5 days

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cardio Renal Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-43 19..., to 9-15, 1949, that I last saw the deceased alive on 9-15, 1949, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. U. J. Bourne Jr ADDRESS Frederick Md DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial — DATE Sept. 18, 1949 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 17 Sept 1949 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

RECEIVED
SEP 21 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08825

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Rocky Spring

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5
STREET ADDRESS (If rural, give location) Near Rocky Spring

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) WILLIAM (Last) SNYDER
4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) M
8. DATE OF BIRTH 9-18-73
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick County Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Poss Snyder
14. MOTHER'S MAIDEN NAME Mollie Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Mrs. Carmie S. Snyder (widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260	Immediate cause	(a) Diabetes	1 yr.
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1949, to Sept 6, 1949, that I last saw the deceased alive on Sept 6th, 1949, and that death occurred at 11:05 A m., from the causes and on the date stated above.

SIGNATURE H. F. Getzendaner (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-9-49
NAME OF CEMETERY OR CREMATORY Flint Hill Cemetery
LOCATION (City, town, or county) (State) Near Urbana, Maryland

DATE REC'D BY LOCAL REG. 7 Sept 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

RECEIVED
SEP 8 1949
BUREAU V. S.

08826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County: Frederick

City or town: Ijamsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2½ yrs

Hospital, institution, or street address where death occurred: Riggs Cottage Sanitarium

How long in hospital or institution? 2½ yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rockville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Bertha Steinberg

3.(b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: David Steinberg

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): About 1880

8. AGE: Years: 69 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Lithuania (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Lewis Grossman
13. Birthplace: Lithuania

MOTHER
14. Maiden name:
15. Birthplace:

16. Informant: Tom Steinberg

Address: Rockville Md

17. Burial (Burial, ~~cremation~~, or ~~removal~~. Which?) Date thereof: 9-10-49 (month) (day) (year)

Cemetery or crematory: Anshe Amunah Congregational Comm

Location: Baltimore Md.

18. Funeral director: Goldberg Funeral Home

Address: 4217 - 9th St. N W

19. 9-8-49 (Date rec'd by registrar) 19 Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 8, 1949, at 3:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 27 1947 to Sept 8 1949 and that I last saw her alive on Sept. 8, 1949

Immediate cause of death: Cerebral Neoplasm — DURATION: 5 yr (?)

Due to:

Due to:

Other conditions: 193 54 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Hosea W. McAdoo M. D. or other

Address: Ijamsville (Fred. Co) Date signed: 9-8-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
OCT 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131 (18827)

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick, Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Etta (Middle) Stockman (Last)

4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12-17-1879
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Heffner
14. MOTHER'S MAIDEN NAME Dont know.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Mary Stantangelo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hyperthyroidism — INTERVAL BETWEEN ONSET AND DEATH: 5 years.

252.0 Antecedent cause(s)

63b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hyperthyroid Cardio-vascular disease — 6 months

(c) with congestive failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1947, to Sept. 17, 1949, that I last saw the deceased alive on Sept. 16, 1949, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE Bernard O. Humas Jr. (Degree or title) MD ADDRESS Frederick, Md DATE SIGNED Sept. 17, 49.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE 9-19-49
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) Pleasantville (State) Md

DATE REC'D BY LOCAL REG. 19 Sept 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. H. Fiele & Bro Brunswick Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1949
BUREAU F. S.

08828

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: FREDERICK-Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: MONTEVUE-County Home
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Miss (Middle) Ada Leah Susan Fidelia (Last) Stup

4. DATE OF DEATH: (Month) Sept. (Day) 11, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: July 14, 1863

9. AGE last birthday: 86 yrs. — If under 1 year: Months 1, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emanuel Stup

14. MOTHER'S MAIDEN NAME: Susan H. P. Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Jesse D. Stup

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to Sept. 11, 1949, that I last saw the deceased alive on Sept 10, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: Bernard O. Thomas Jr. — (Degree or title): M.D. — ADDRESS: Frederick, Md. — DATE SIGNED: 12 Sept. 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: Sept. 13, 1949 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG. 13 Sept 1949 — REGISTRAR'S SIGNATURE: Elizabeth J. Tech.

24. FUNERAL DIRECTOR: M. R. Etchison & Son — ADDRESS: Frederick, Md.

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08829

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont - rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BARBARA (Middle) JEAN (Last) VALENTINE

4. DATE OF DEATH (Month) Sept. (Day) 65 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Dec. 1, 1948

9. AGE last birthday yrs. If under 1 year Months 9 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Roger Valentine

14. MOTHER'S MAIDEN NAME Eva Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs Roger Valentine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GASTRO-ENTERITIS, ACUTE — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

571.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

119a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) ~~INJURY~~ Sept 5-1949 58 30 m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles H. Conley, Jr. (Degree or title) M.D. Asst. Med. Exam. ADDRESS Frederick Md DATE SIGNED 9/5/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept-8, 1949

NAME OF CEMETERY OR CREMATORY United Brethern

LOCATION (City, town, or county) Thurmont - (State) Md.

DATE REC'D BY LOCAL REG. 7 Sept 1949

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. L. Creager & Son. ADDRESS Thurmont - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

08830

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: State Sanatorium
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Victor Cullen State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 402 S. Dean St.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Wagner, Jr.

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/16/1922

9. AGE last birthday: 27 yrs. If under 1 year: Months 8 Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician's Helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Wagner

14. MOTHER'S MAIDEN NAME: Fannie Brehm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-16-3651

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — 21 Mos.

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 19 49, to 9/24, 19 49, that I last saw the deceased alive on 9/24, 19 49, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. E. Lyon, M.D. ADDRESS: State Sanatorium, Md. DATE SIGNED: 9/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 27 1949 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem. — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 9/24/49 — REGISTRAR'S SIGNATURE: J. E. Lyon

24. FUNERAL DIRECTOR: Wm. Cook — ADDRESS: Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08831

Reg. Dist. No. 141

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville
LENGTH OF STAY (In this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville
STREET ADDRESS (If rural, give location) Mountain Road.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Rozel (Last) Webber

4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1949

5. SEX Male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 6-14-1876 | 9. AGE last birthday 73 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ~~Farmer~~ TRUCK FARMER
10b. KIND OF BUSINESS OR INDUSTRY R.R.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Webber
14. MOTHER'S MAIDEN NAME Sarah Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Hannah Mary Webber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic heart disease — (?)

420.0
93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles K Corby Jr M.D. Asst. Dep. Med. Exam. | Frederick Md | 19 Sept. 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

9-22-1949 | Reformed | Knoxville Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Sept. 20-49 | Kathryn H. Brown Dep. | C. H. Fuhrer | Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 28 1949
BUREAU V. S.

08832

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RFD#4
STREET ADDRESS (If rural, give location) Sunnyside

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) LINWOOD (Last) WEEDON
4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 1949

5. SEX M
6. COLOR OR RACE C
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) W
8. DATE OF BIRTH 2-28-04
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick County Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Howard M. Weedon
14. MOTHER'S MAIDEN NAME Bertha Bowens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-07-9996
17. INFORMANT Howard Weedon (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
590 Immediate cause	(a) Acute Nephritis	
130 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Suppression of urine	7
	(c)	1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1949, to Sept 8, 1949, that I last saw the deceased alive on Sept 9, 1949, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9-10-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 9-11-49
NAME OF CEMETERY OR CREMATORY Sunnyside Cemetery
LOCATION (City, town, or county) (State) Nr. Jefferson, Maryland

DATE REC'D BY LOCAL REG. 10 Sept 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison and Son, Frederick, Maryland ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08833

Reg. Dist. No. 121

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Monrovia-Rural R.F.D.#1
STREET ADDRESS (If rural, give location): Barthlows

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) MAE (Last) WOLFE

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): W

8. DATE OF BIRTH: 12-2-83

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ijamsville, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eli Wolfe

14. MOTHER'S MAIDEN NAME: Susan F. Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Lucy D. Snyder (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Lymphatic Leukemia — Interval Between Onset and Death: 6 mo.

204.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause etating the underlying cause last

(b)

(c)

740a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Sep 8, 1949, that I last saw the deceased alive on Sep 8, 1949, and that death occurred at 3:05 P m., from the causes and on the date stated above.

SIGNATURE: Henry V. Chase (Degree or title): M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 9-9-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-11-49

NAME OF CEMETERY OR CREMATORY: Marvin Chapel Cemetery

LOCATION (City, town, or county) (State): Plane #4, Maryland

DATE REC'D BY LOCAL REG.: 9 Sept 1949

REGISTRAR'S SIGNATURE: Elizabeth G. Hecks

24. FUNERAL DIRECTOR: H. R. Etchison & Son, Frederick, Maryland ADDRESS

RECEIVED
SEP 12 1949
BUREAU V. S.

08834

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; LENGTH OF STAY (in this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; STREET ADDRESS (If rural give location) Boundary Avenue

3. NAME OF DECEASED (Type or Print): (First) Julian (Middle) Florence (Last) Wolfe

4. DATE OF DEATH: (Month) Sept. (Day) 24, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 20, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Jane Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Violet Miller.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — ?

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23, 1949, to Sept. 24, 1949, that I last saw the deceased alive on Sept. 23, 1949, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): M. Franklin Dick M.D. ADDRESS: Thurmont, Md. DATE SIGNED: 9/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: Sept. 26. 1949 NAME OF CEMETERY OR CREMATORY: Lewistown Cemetery LOCATION (City, town, or county): Lewistown (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 26, 1949 REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager & Son ADDRESS: Thurmont, Md.

RECEIVED
SEP 29 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08835

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 East "D"

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 18 East "D"

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Jane (Last) Woods

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 2-4-1862
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Tyson
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. T. A. Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arteriosclerosis

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH: years / years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Sept. 12, 1949, that I last saw the deceased alive on Sept. 6, 1949, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Brunswick, Md DATE SIGNED 9-12-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8-14-49 NAME OF CEMETERY OR CREMATORY Reformed LOCATION (City, town, or county) Knoxville (State) Md.

DATE REC'D BY LOCAL REG. Sept. 12-49 REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Gietz & Bro ADDRESS Brunswick Md.

RECEIVED
SEP 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08836

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) W. L. (Middle) HERBERT (Last) ZENTZ

4. DATE OF DEATH: (Month) Sept (Day) 26. (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 23, 1869

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham S. Zentz

14. MOTHER'S MAIDEN NAME: Sarah Biggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-12-1777

17. INFORMANT: Albert Zentz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177

Immediate cause (a) Carcinoma of Prostate Gland — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

51 b

(b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of leg — 1 month

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Sept. 26, 1949, that I last saw the deceased alive on Sept. 24, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: James K. Gray (Degree or title) M.D. ADDRESS: Thurmont-Md. DATE SIGNED: Sept. 26-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Sept-28. 1949; NAME OF CEMETERY OR CREMATORY: United Brethern; LOCATION (City, town, or county) (State): Thurmont. Md.

DATE REC'D BY LOCAL REG. Sept. 27 1949; REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager & Son. ADDRESS: Thurmont-Md.

RECEIVED
SEP 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08837

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (in this place) 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 E. Patrick St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 210 East Patrick St

3. NAME OF DECEASED (Type or Print): (First) ELARA (Middle) EMMA (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): single

8. DATE OF BIRTH: June 16 1859

9. AGE last birthday: 90 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Banker

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm H Zimmerman

14. MOTHER'S MAIDEN NAME: Sarah Ann Donsife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Wm. D. Zimmerman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral embolism	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis with general senility	Long period of years.
	(c)	

332
83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1949, to Sept. 28, 1949, that I last saw the deceased alive on Sept. 28, 1949, and that death occurred at 2 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C H Conley M.D. Frederick, Maryland Sept. 29, 1949

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial | DATE Sept 30, 1949 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. 29 Sept 1949 | REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR Harry E. Early Co ADDRESS Frederick Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 3 1949
BUREAU T. S.